

Trichomoniasis Infection and Verified Trichomoniasis Infection Contacts Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings*

Clients may present with the following history:

- Asymptomatic
- Symptomatic
 - Females
 - itching, burning, redness or soreness of the genitals
 - discomfort with urination
 - thin discharge with an unusual smell that can be clear, white, yellowish, or greenish
 - Males
 - itching or irritation inside the penis
 - burning after urination or ejaculation
 - discharge from the penis

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

Objective Findings

Clinical documentation of at least one of the four findings below:

1. identification of flagellated protozoan *T. vaginalis* on microscopic examination of a wet prep of vaginal discharge, or
2. identification of *T. vaginalis* by NAAT (only treat *Trichomonas* found in urine, urethral or vaginal NAAT specimens; do not treat *Trichomonas* found in only pharyngeal or rectal NAAT specimens), treat trichomonas found by culture, or
3. verified contact to Trichomoniasis within the last 60 days or during last sexual encounter if greater than 60 days, *Note: A STD screening examination is recommended.*, or
4. a medical provider refers client

Plan of Care

Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for Trichomoniasis or verified contact to Trichomoniasis by standing order if any one objective finding as defined above applies and is documented in the medical record.

1. Trichomoniasis infection (new) without Bacterial Vaginosis for **HIV NEGATIVE** clients or **HIV NEGATIVE** contacts
 - Administer Metronidazole 2 gm PO in a single dose if client is not allergic, breastfeeding or pregnant
 - If pregnant or breastfeeding and not allergic, administer Metronidazole 500mg BID X seven (7) days
2. Trichomoniasis infection (new) without Bacterial Vaginosis for **HIV POSITIVE** clients or **HIV POSITIVE** contacts
 - Administer Metronidazole 500 mg PO BID X seven (7) days.
3. Trichomoniasis and Bacterial Vaginosis diagnosed on same clinic visit, **or**
Persistent infection - defined as greater than two weeks without evidence of reinfection, with no sexual activity and client completed treatment Metronidazole 2 gm PO in a single dose, within the last two weeks
 - Dispense Metronidazole 500 mg PO BID X seven (7) days if client is not allergic

4. Treatment failure - defined as greater than two weeks without evidence of reinfection, with no sexual activity and client completed treatment Metronidazole 500 mg PO BID X seven (7) days within the last two weeks
 - Dispense Tinidazole 2 gm PO X seven (7) days if client is not allergic or pregnant
5. If the client returns and screens positive for Trichomoniasis two (2) weeks or greater after completion of treatment with Tinidazole 2 gm PO X seven (7) days without evidence of reinfection and no sexual activity, refer the client to a medical provider to consider referral options.

*Note: If client is **pregnant**, consult medical provider before dispensing Tinidazole.*

*If client is **breastfeeding**, see client-specific information below about discarding breast milk during and after treatment is complete.*

Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
 1. laboratory tests that (s)he received
 2. instructions for obtaining laboratory test results
 3. information about the diagnosis
 4. correct condom use as well as client-specific counseling and literature about personal risk reduction behavior
- B. Advise the client to:
 1. abstain from sexual intercourse for seven days or until completion of a 7-day medication regimen
 2. use a back-up contraceptive while on medication, and for seven days after completion of medication for female clients who take oral contraceptives
 3. disinfect diaphragm with 70% isopropyl (rubbing) alcohol, if this is client's method of birth control
 4. notify sexual partner(s) to prevent further spread of the disease; client should inform sexual partners that they need to be examined, tested, and treated at the time of their clinic visit
 5. provide partner referral cards for recent (within 60 days) sexual partners
 6. refer the most recent sexual partner(s) for examination, testing, and treatment, if last exposure was more than 60 days before onset of symptoms
 7. learn about the relationship between STDs and the acquisition of HIV
 8. use other disease prevention barrier methods such as dental dams, if applicable
 9. clean and cover sex toys, if applicable, to decrease transmission of infections
 10. use condoms and use correctly when having sex
 11. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
- C. Inform the client about the medication administered, dispensed or prescribed:
 1. Metronidazole, or
 2. Tinidazole
- D. Counsel the client regarding the prescribed medication:
 1. inquire and document the type of reactions the client has experienced in the past when taking the medication
 2. advise client that (s)he may experience side effects such as metallic taste, nausea, vomiting, cramps, diarrhea, anorexia, headache, dizziness, furry tongue, and darkened urine may occur
 3. review client history regarding **alcohol** usage and recommend

- delaying the start of treatment with Metronidazole until at least 24 hours after last alcoholic beverage, or 72 hours for Tinidazole
 - refraining from alcohol use during treatment with Metronidazole or Tinidazole, and
 - refraining from alcohol use for 24 hours after the last dose of Metronidazole or 72 hours after the last dose of Tinidazole
4. advise **breastfeeding** clients to discard breast milk while taking:
 - Metronidazole 2 grams, and for 24 hours after completion of Metronidazole 2 grams, or
 - Tinidazole, and for 72 hours after completion of Tinidazole, however
 - if client is taking Metronidazole 500mg BID X seven (7) days client may continue to breastfeed WITHOUT discarding breast milk due to lower concentration of drug in breast milk.
 5. reinforce counseling by providing client with a Metronidazole or Tinidazole medication teaching sheet.

E. Additional Instructions

1. return to clinic if symptoms persist, worsen, or re-appear two weeks after treatment
2. return to clinic if develops abdominal pain or oral temperature $\geq 101^{\circ}$
3. return to clinic within three months for rescreen if woman is sexually active
4. pregnant women should notify their obstetric provider of their diagnosis and treatment

Criteria for Notifying the Medical Provider

1. Consult with the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing order.
2. Consult the medical provider, if any of the following conditions are present:
 - acute abdominal tenderness or rebound tenderness on exam
 - adnexal tenderness on exam
 - cervical motion tenderness on exam
 - sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
 - scrotal pain or swelling
 - oral temperature $\geq 101^{\circ}$ F
 - symptoms persist greater than two weeks after Tinidazole treatment is complete

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nursing Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)